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## BIB DATA SHEET

CONFIRMATION NO. 8272

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.						
10/754,499	01/12/2004 RULE	604	3709	0652.1760006						
<b>APPLICANTS</b> Bernhard Freund, Gau-Algesheim, GERMANY; Dieter Hochrainer, Bengen am Rhein, GERMANY; Heinrich Kladders, Muelheim, GERMANY; Bernd Zierenberg, Bingen am Rhein, GERMANY; Joachim Eichler, Dortmund, GERMANY; Johannes Geser, Dortmund, GERMANY; Martin Essing, Dortmund, GERMANY; Holger Reinecke, Dortmund, GERMANY;										
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/258,357 02/26/1999 PAT 6,685,691 which claims benefit of 60/093,772 07/23/1998										
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 19808292.9 02/27/1998										
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/13/2004										
<table border="1"> <tr> <td>           Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No            Verified and Acknowledged <u>ILYA Y TREYGER/</u>  <u>Examiner's signature</u> </td> <td> <input type="checkbox"/> Met after Allowance  <u>Initials</u> </td> <td> <b>STATE OR COUNTRY</b>            GERMANY         </td> <td> <b>SHEETS DRAWINGS</b>            8         </td> <td> <b>TOTAL CLAIMS</b>            24         </td> <td> <b>INDEPENDENT CLAIMS</b>            3         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>ILYA Y TREYGER/</u> <u>Examiner's signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 3
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<b>ADDRESS</b> STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C. 1100 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005 UNITED STATES										
<b>TITLE</b> Container for a medicinal liquid										
<b>FILING FEE RECEIVED</b> 842	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit						